

Government of the Virgin Islands of the United States

UNIFORM TRAFFIC ACCIDENT REPORT

Form Approved
February 1978

NUMBER _____

DATE			DAY OF WEEK							TIME OF DAY		RESPONSE TIMES (0001 TO 2400 HR)	ACCIDENT LOCATION:
MO.	DAY	YR.	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	(0001 TO 2400 HR)			
												1 <input type="checkbox"/> CHRISTIANSTED - IN TOWN	
												2 <input type="checkbox"/> FREDERIKSTED - IN TOWN	
												3 <input type="checkbox"/> ST. CROIX - NOT IN TOWN	
												4 <input type="checkbox"/> CRUZ BAY - IN TOWN	
												5 <input type="checkbox"/> ST. JOHN - NOT IN TOWN	
												6 <input type="checkbox"/> CHARLOTTE AMALIE - IN TOWN	
												7 <input type="checkbox"/> ST. THOMAS - NOT IN TOWN	

ON _____ ROAD OR STREET

AT _____ ROAD OR STREET

OR BETWEEN _____ ROAD OR STREET

AND _____ ROAD OR STREET

____ FEET

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E
W

 OF _____ ROAD OR STREET

____ METERS

N
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E
W

 AT KILOMETER POST NUMBER _____

OR BETWEEN Km POSTS _____ AND _____

POLICE DISPATCHED _____

POLICE ARRIVED _____

AMBULANCE ARRIVED _____

TRAFFIC FLOW RESTORED _____

COLLISION INVOLVED:

<input type="checkbox"/> 0 VEHICLE-VEHICLE	<input type="checkbox"/> 4 VEHICLE-ANIMAL	<input type="checkbox"/> 8 HAZARDOUS MATERIAL	SEVERITY:
<input type="checkbox"/> 1 VEHICLE-OBJECT	<input type="checkbox"/> 5 NON-COLLISION	<input type="checkbox"/> 9 OTHER (WRITE) _____	
<input type="checkbox"/> 2 VEHICLE-PEDESTRIAN	<input type="checkbox"/> 6 HIT & RUN		
<input type="checkbox"/> 3 VEHICLE-BICYCLE	<input type="checkbox"/> 7 STOLEN VEHICLE		

TOTAL NO. OF VEHICLES **NO. KILLED** ☐ **DAMAGE ONLY**

NO. INJURED ☐ **DAMAGE TO OBJECTS** ☐

OBJECT OR ANIMAL STRUCK _____

LOCATION OF OBJECT OR ANIMAL ☐ IN ROADWAY _____ FEET

N
S
E
W

 OF ROAD EDGE

DRIVER NO. 1	DRIVER'S NAME-LAST FIRST MIDDLE			
	STREET ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NO.
	DRIVER'S LICENSE NO.	STATE	SEX	DATE OF BIRTH MO. DAY YR.
	LEARNER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR <input type="checkbox"/>			
	ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE) * <input type="checkbox"/> INJURY CLASS † <input type="checkbox"/> SEAT BELT ‡ <input type="checkbox"/> EJECTION			
	NATURE OF INJURIES			
	REMOVED FROM SCENE BY: TO:			
	VEH. YEAR	MAKE	MODEL	BODY STYLE
	VEH. COLOR	LIC. PLATE NO.	STATE	TRAILER PLATE NO. STATE
VEHICLE IDENTIFICATION NUMBER		ODOMETER		
REGISTERED OWNER-LAST FIRST MIDDLE				
ADDRESS OF OWNER				
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT				
CHARGE		CITATION NUMBER		

DRIVER NO. 2	DRIVER'S NAME-LAST FIRST MIDDLE			
	STREET ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NO.
	DRIVER'S LICENSE NO.	STATE	SEX	DATE OF BIRTH MO. DAY YR.
	LEARNER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR <input type="checkbox"/>			
	ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE) * <input type="checkbox"/> INJURY CLASS † <input type="checkbox"/> SEAT BELT ‡ <input type="checkbox"/> EJECTION			
	NATURE OF INJURIES			
	REMOVED FROM SCENE BY: TO:			
	VEH. YEAR	MAKE	MODEL	BODY STYLE
	VEH. COLOR	LIC. PLATE NO.	STATE	TRAILER PLATE NO. STATE
VEHICLE IDENTIFICATION NUMBER		ODOMETER		
REGISTERED OWNER-LAST FIRST MIDDLE				
ADDRESS OF OWNER				
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT				
CHARGE		CITATION NUMBER		

NAME, ADDRESS AND INJURIES OF OTHER PERSONS INVOLVED (NOT AS VEHICLE DRIVERS)

NAME	ADDRESS	NATURE OF INJURIES	REMOVED FROM SCENE BY:	TO	CODES	§	-		*	+	‡	
NAME	ADDRESS	NATURE OF INJURIES	REMOVED FROM SCENE BY:	TO	Sec	Age	Status	In. Veh. No.	Seat Pos.	Inj. Class	Seat Belt	Eject.
NAME:	ADDRESS:	NATURE OF INJURIES:	REMOVED FROM SCENE BY:	TO								
NAME:	ADDRESS:	NATURE OF INJURIES:	REMOVED FROM SCENE BY:	TO								
NAME:	ADDRESS:	NATURE OF INJURIES:	REMOVED FROM SCENE BY:	TO								
NAME:	ADDRESS:	NATURE OF INJURIES:	REMOVED FROM SCENE BY:	TO								
NAME:	ADDRESS:	NATURE OF INJURIES:	REMOVED FROM SCENE BY:	TO								

* INJURY CLASS 1. NO INJURY 2. DEAD AT SCENE 3. DEAD ON ARRIVAL 4. DIED IN HOSPITAL	§. DISABLING INJURY 5. NON-DISABLING (EVIDENT) INJURY 7. POSSIBLE INJURY 8. UNKNOWN IF INJURED	† SEAT BELT 1. NOT INSTALLED 2. NOT IN USE 3. USED 4. UNKNOWN 5. SEAT BELT FAILURE	‡ EJECTION 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. UNKNOWN IF EJECTED	§ STATUS 1. PASSENGER 2. PEDESTRIAN 3. BICYCLIST	 SEAT POSITION <table border="1"> <tr><td>4</td><td>1</td></tr> <tr><td>5</td><td>2</td></tr> <tr><td>6</td><td>3</td></tr> </table>	4	1	5	2	6	3	7. OTHER POSITION (BUS-CYCLE) 8. POSITION UNKNOWN
4	1											
5	2											
6	3											

